2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 22, 2001 8:00 am Secretary of State **DOCUMENT # J99905** 1. Entity Name ANALYTICAL & INFORMATION SERVICES, INC. 01-22-2001 90039 025 ***158 75 Principal Place of Business Mailing Address 358 MORNING CREEK CIR 358 MORNING CREEK CIR APOPKA FL 32712 APOPKA FL 32712 **UUUUU5576** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 00000000 *59-*36*55* Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOYD, WILLIAM O Street Address (P.O. Box Number is Not Acceptable) 1016 LAKESIDE DRIVE APOPKA FL 32712 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete DDE TITLE Change Addition NAME DINNAN, RICHARD J. NAME STREET ADDRESS 358 MORNING CREEK CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 TITLE ☐ Delete TITLE Change Addition YARDLEY RICHARD M YARDLEY, RICHARD M. NAME NAME 448 BUCKSKIN COURT STREET ADDRESS **448 BUCKSKIN COURT** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 TITLE [] Change Addition TITLE ☐ Delete NAME SMITH, PETER W NAME STREET ADDRESS STREET ADDRESS 4111 SOUTH FLETCHER CITY-ST-ZIP CITY-ST-7IP AMELIA ISLAND FL 32034 ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD J DINNAN 1/11/2001

CR2E034 (10/00)